

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

JAMAAL CAMERON; RICHARD BRIGGS;
RAJ LEE; MICHAEL CAMERON; MATTHEW
SAUNDERS, individually and on behalf of all
others similarly situated,

Plaintiffs,

v.

MICHAEL BOUCHARD, in his official capacity
as Sheriff of Oakland County; CURTIS D.
CHILDS, in his official capacity as Commander of
Corrective Services; OAKLAND COUNTY,
MICHIGAN,

Defendants.

Case No. 20-cv-10949

Hon. Linda V. Parker

Declaration of Dr. Carlos Franco-Paredes – Oakland County Jail

Declaration of Dr. Carlos Franco-Paredes – Oakland County Jail

FORMAL ASSESSMENT

Executive Summary: My overarching recommendation is an urgent reduction in the inmate population of the Oakland County Jail (“Jail”) and increased screening of COVID-19 infection among the staff and inmates. Although leadership and staff at the Jail have instituted some interventions to mitigate the impact of COVID-19 and improve the safety of the inmate population, these interventions are insufficient to interrupt the transmission of COVID-19 infection, unless social distancing is also meaningfully implemented. However implementing social distancing inside the Jail is impossible at current jail population levels. Therefore, reducing the inmate population to allow for effective social distancing is the only way to protect medically vulnerable inmates. Medically vulnerable inmates are at a substantial risk of contracting, spreading and becoming seriously ill or dying from COVID-19 in any carceral setting, but particularly in this Jail where there is an active outbreak of the virus. Inmates at high-risk of severe disease and death from COVID-19 infection need to be identified, and released unless they can be confined in conditions that provide for 24-7 social distancing.

Additionally, I recommend further measures in this report that the Jail should immediately implement to more effectively mitigate the serious risk of harm posed by this virus.

COVID-19 in the State of Michigan, Oakland County, and the Oakland County Jail

The State of Michigan has 37,203 confirmed cases of COVID-19 with 3,274 deaths. After Wayne County, Oakland County is the second county with the highest number of cases (6881) and the second with the highest number of deaths (612). There is an active outbreak of cases of Covid-19. On April 3, it was reported that the Oakland County jail had 6 cases, and by April 11 they had 23 cases. The jail would not provide me with information on the number of current confirmed cases. I therefore asked counsel for Plaintiffs, who informed me that the Jail has acknowledged in litigation documents that there have been at least 36 confirmed cases.

Oakland County Jail Observations

1. Social Distancing:

- a. **Main Jail building:** In the main Jail building, which holds most of the inmate population, it would be impossible to accomplish proper social distancing at anything near the current population. CDC guidelines state that social distancing “*strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities.*” However, nothing in the CDC guidelines says that it is safe to fail to provide inmates with the ability to observe full social distancing. During an outbreak such as the one occurring in the Jail, a reduction in the inmate population is urgently needed to accommodate further social distancing, particularly in the main building. Transferring inmates to other locations would not be sufficient. The entire main building does not provide sufficient opportunities for social distancing, and although the annex is somewhat less crowded, transferring inmates there may only shift the worst of the social distancing problem from the main building where there is an active outbreak, to the annex. Moving inmates to the annex would also run a risk of bringing the outbreak into the annex. Insufficient social distancing is especially severe in the receiving unit of the main building and in the holding pods. (See picture from 2nd floor main jail – Cell B1c from outer catwalk, attached further in this report.) In these holding pods, there is severe overcrowding and toilet hygiene is insufficient to adequately prevent spread of the infection. There is also close contact between receiving units and holding blocks such that if new inmates arrive who are infected, they may potentially infect those who are being housed in the holding blocks.
- b. **Annex:** Adequate social distancing also remains a concern in the Annex, but not as significant as in the main building. Additionally, the shared bathrooms and social space in the East Annex pose a serious problem, because facilities are shared by a large number of people, thus making social distancing unfeasible and raising the likelihood that an infection will spread via the shared facilities.
- c. **East Annex:** Adequate social distancing also remains a concern in the East Annex, but not as significant as in the main building. Additionally, the shared bathrooms and social space in the East Annex pose a serious

problem, because facilities are shared by many people, thus making social distancing unfeasible and raising the likelihood that an infection will spread via the shared facilities.

2. **Medical care:** The Oakland County correctional staff did not answer my questions about the medical care being provided to inmates with COVID-19, including protocols as to what happens to inmates who develop severe disease and protocols for transfer to a local hospital for treatment. They would not discuss the number of confirmed cases, how cases are confirmed, or how patients are selected for testing. As a result, I did not receive sufficient information to properly assess whether the facility is providing adequate medical care to inmates at the Jail. Significantly, my inspection did not reveal any additional measures being taken to protect medically vulnerable inmates, who appeared to be mixed in with the general population.
3. **Cleanliness:** In the Annex, trustees are responsible for cleaning bathrooms once every shift change of security officers. Most inmates, however, reported that cleaning is left entirely to the inmates and is voluntary. Additionally, the Jail's cleaning measures are not enough to prevent the spread of COVID-19 in shared bathroom facilities. Toilets and showers need to be cleaned after every use in order to provide proper protections and the Jail has not taken measures to allow for the necessary cleaning. Toilets are a particularly serious transmission concern because they have no lids, and because fecal matter can disperse with each flush and presents a particularly efficient pathway of transmission. During my inspection, I observed that all staff and inmates had masks on. The three jail buildings had sufficient cleaning supplies and disinfection products, but I was not able to discern whether inmates have sufficient access to them. Some inmates, particularly in the holding area of the main Jail building, reported not receiving sufficient quantities of soap. The Jail staff did not provide me with any information on how often personal hygiene supplies are made available to inmates or how often disinfectant supplies are replaced. One of the female inmates that I interviewed in the Annex reported to me that she was required to clean and disinfect cells previously occupied by female inmates that were newly admitted to the jail. She had cleaning products, but did not have the type of specialized mask that could prevent her from becoming infected if asked to clean an infected cell. She was not informed of the infectious status of any of the female inmates housed in the cells she was required to clean. In addition, inmates in the Annex regularly need to pass by the cells where transient inmates are housed. This means that many inmates in the Annex are potentially exposed to infection from new intakes.

4. **Mitigation Efforts:** During my inspection, I observed that the Jail has been implementing some mitigating interventions according to CDC guidelines including halting all group activities, staggering pod time and limiting the number of people on the pod at any given time; providing inmates with masks, isolating some sick inmates; performing limited testing of sick inmates; making cleaning supplies readily available; and providing education materials regarding COVID-19 to inmates. I was not able to discern how long most of these measures have been in place, and whether inmates had recently been moved. I observed COVID-19 materials posted on the walls in all three Jail buildings, but I was unable to confirm how long these materials had been posted on the walls. It appeared to me that many of these materials were recently posted given how clean the pages were.

COVID-19 in Correctional Facilities:

As recent evidence indicates from custodial settings in other States such as in Ohio, and from Sterling prison in Colorado, even a small outbreak of COVID-19 cases reflects just the tip of the iceberg of a larger outbreak with a larger number of undetected cases in those with no symptoms or mild symptoms. The number of people who are asymptomatic or exhibiting mild symptoms may represent up to 80% of those with coronavirus infection that are responsible for transmitting more than 44% of the cases.

For example, in Sterling Correctional Facility, when the Department of Corrections performed prevalence testing after only a few confirmed cases of COVID-19 among symptomatic inmates, they identified another 138 infected inmates. For this pandemic, the use of temperature screens and assessment of symptoms, which is what the Jail is relying upon for most screenings, is insufficient when instituted in correctional facilities; and furthermore, it may actually foster further transmission by providing a false sense of security. In fact, in physician forums, there is an urgent call to ask CDC to update their recommendations as well as move towards universal testing in correctional facilities.

This unprecedented pandemic calls for unprecedented measures in every setting but particularly in congregate settings. No one living inside the Jail or outside in the larger community is safe until there is interruption of coronavirus transmission.

Recommendations

In response to the COVID-19 outbreak, the leadership and the staff at the Jail have instituted some interventions to mitigate the impact of COVID-19 and improve the

safety of the inmate population, but I was unable to discern how long these interventions have been in place. It was not possible to discern whether the desirable measures that I witnessed, such as providing disinfectant and masks have been ongoing for a significant period of time. After conducting my inspection of the Jail, where I had the opportunity to speak with inmates and observe the dynamics of the different buildings (main, annex, and east annex), it is my opinion that additional interventions are necessary to protect inmate, staff, and ultimately strengthen community safety and address the following three major issues:

1. Diffusing Density

- Evidence of mass outbreaks from other jail and prison settings validates that even when excellent infection control practices are in place, if they are coupled with incomplete or inconsistent adherence to social distancing, these practices will be insufficient to **contain** the occurrence of new cases. Especially in settings such as Oakland County, where there is ongoing sustained transmission of COVID-19 within the broader community.
- Social distancing requires inmates maintaining a distance of at least six feet from each other at all times. Additionally, disinfection of key areas (telephones and toilets), mask use, and regular handwashing must be meticulously followed. These protocols are necessary to prevent spread of COVID-19 among otherwise healthy people. These protocols are especially imperative for high-risk individuals. Without these protocols, high-risk individuals face a substantial risk of serious illness or death from this infection.
- To the extent that inmates at risk of severe disease or death cannot be released, medically vulnerable individuals should be housed in single-person cells to mitigate the risk of serious illness or death to this population. All current inmates and new inmates should be immediately screened to determine if they meet the criteria for high risk noted in Table 1 of this report.

2. Testing for COVID-19 is Critical

- It is my opinion based on increasing evidence and recent publications that expanding testing capabilities will improve isolation and quarantine strategies at the Jail. There are some ongoing efforts at the Jail to test inmates. However, I was not able to discern how inmates are selected for testing, and Jail staff refused to answer any questions

about this subject. Temperature checks are insufficient; expanding testing to identify asymptomatic inmates with COVID-19 infection is a necessary, but not sufficient, measure to combat this epidemic inside the Jail. For example, in custodial settings in Ohio, the rate of asymptomatic and symptomatic infection in an enclosed jail environment could reach up to 70% (with more than 20% asymptomatic infection). A similar ratio of symptomatic to asymptomatic ratio was identified and reported at Sterling Prison in Colorado.

- **Priorities for testing:**

- Test newly admitted inmates for novel coronavirus infection even if asymptomatic to reduce the risk of new introductions into the Jail. There is no other way to effectively screen asymptomatic people at intake.
- Any inmate at the Jail with one or more symptoms consistent with COVID-19 should undergo a clinical assessment including testing for the presence of the novel coronavirus SARS-CoV-2 in nasopharynx. It should never be assumed that an inmate who reports illness and some symptoms is not infected simply because the inmate does not exhibit *all* of the symptoms or any particular symptom (such as a high temperature).
- Ideally, all Jail inmates and staff should be tested, to guide isolation and quarantine practices. Alternatively, prevalence testing is reasonable.

3. Prevention of exposure to the novel coronavirus

- Institute directives for all inmates in all units to use disinfectant and clean telephones after each use.
- Institute directives for all inmates in all units to use disinfectant prior to and after the use of toilets.
- Enforce guidance on bed positions:
 - For single beds positioned next to each other (side-to side): provide at least 6 feet of space and ensure that inmates' are positioned head to toe while sleeping.
 - For bunkbeds that are positioned next to each other or across from one another: Position beds at least 6 feet apart. Ensure the inmate's laying position is head to toe on each separate bunk

bed, so positioning allows for the least transmission risk as possible. This includes laying position that is head to toe with adjacent bunks.

- Enforce social distancing practices of all inmates in all units during med-line or meal-line
- Inmates exhibiting COVID-19 symptoms should not be required to clean their own cell and no inmate should clean up after other inmates.
- Professional janitorial services should be brought in to disinfect the male medical isolation unit or any unit, which may become quarantined in the near future.
- Under no circumstances should inmates in the two annex buildings be moved into the already crowded main jail building. Transfers of this nature increase the severity of the lack of social distancing in the main building and put the transferred inmates at greatly increased risk of infection.

Table 1. Risk factors for developing severe disease and death

Age groups at high risk of developing severe disease and dying without underlying medical conditions	≥ 50 years (1% CFR)* 60-69 years (3.6% CFR) 70-79 years (8% CFR)
High risk groups of dying with underlying medical conditions regardless of their age	-Cardiovascular disease (congestive heart failure, history of myocardial infarction, history of cardiac surgery) -Systemic Arterial Hypertension (High Blood Pressure) Chronic respiratory disease (asthma, chronic obstructive pulmonary disease including chronic bronchitis or emphysema, or other pulmonary diseases) -Diabetes mellitus

	<ul style="list-style-type: none">-Cancer-Chronic Liver Disease-Chronic Kidney Disease-Autoimmune Diseases-Severe Psychiatric Illness **-History of transplantation-Immune suppression (HIV/AIDS, glucocorticoids, other immunosuppressant drugs, history of smoking)-Pregnancy
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*CFR= Case Fatality Rate is an indicator used during outbreaks to identify the number of individuals who succumb out of those who become infected ** In South Korea, 20% of deaths occurred in what they defined as Psychiatric Illness (J Korean Med Sci 2020; 35(10): e112).

Photo Redacted

Social distancing (6 feet) is also impossible in the receiving male and female areas as shown in image below in Main Jail Receiving - Cells R3, R4, R5

Photo Redacted

CONCLUSIONS

The leadership and staff at Oakland County Jail have in place some interventions as per CDC recommendations for COVID-19.

However, as I have observed in other correctional facilities, adhering to some CDC recommendations to contain and mitigate a COVID-19 outbreak without implementing all of them and, critically, without the ability to achieve social distancing is insufficient to stop its spread. This epidemiological situation is not unique to Oakland County jail; it applies to all correctional facilities as witnessed by the growing number of outbreaks within correctional facilities with increasing

number of cases and deaths. This is a severe pandemic caused by a highly transmissible virus in crowded settings.

Therefore, the single most important intervention in controlling a COVID-19 outbreak at Oakland County Jail is continuing to reduce population density to achieve meaningful social distancing. In this context, unless more inmates are released from jail, protecting the medically vulnerable at high risk of developing severe disease and dying from COVID-19, is certainly almost impossible with current interventions.

I declare under penalty of perjury that the statements above are true and correct to the best of my knowledge.

Date: April 27, 2020

A handwritten signature in black ink, appearing to read "Franco Paredes". It is written in a cursive style with a large, stylized 'F' on the left and 'Paredes' following it.

Carlos Franco-Paredes, MD, MPH, DTMH (Gorgas)

Associate Professor of Medicine

DOCUMENTS REVIEWED FOR THIS DECLARATION

Declarations:

1. Captain Curtis Childs Affidavit.
2. Vicky-Lyn Warren Affidavit.
3. Sergeant Ryan Terry
4. Daily Inmate Population Report for 4/17/2020 by the Oakland County Sheriff's Office.
5. Inspection Order by Honorable Linda V. Parker.

Scientific References and Relevant Newspaper Publications:

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2. Herivel T, Wright P. Prison profiteers. Who makes money from mass incarceration? The New Press, New York, NY, U.S.A. 2007New York Lawyers for the Public Interest. Detained and denied healthcare access in immigration detention.
3. Kinner SA, Young JT. Understanding and improving the health of people who experience incarceration: An overview and synthesis. Epidemiol Rev 2018; 40: 4-11.

4. Prison Policy Initiative. Available at:
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6. Harding DJ. Do prisons makes us safer. *Sci Am* 2019. Available at:
<https://www.scientificamerican.com/article/do-prisons-make-us-safer/>. Accessed: April 12, 2020.
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8. Berger ZD, Goldberg DS. Caught in the web – U.S. immigration and compound disadvantage. *N Engl J Med* 2019; 381(11): 993-995Harding DJ, Morenoff JD, Nguyen AP, Bushway SD. Short-and long-term effect of imprisonment on future felony convictions and prison admissions. *Proc Natl Acad Sci* 2017; 114 (42): 11103-11108.
9. Harding DJ, Morenoff JD, Herbert CW. Home is hard to find: neighborhood, institutions and the residential trajectories of returning prisoners. *Ann Am Acad Pol Soc Sci* 2013; 647(1): 214-236.
- 10.CDC-Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) Available at:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>). Accessed: April 12, 2020.
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<https://coronavirus.jhu.edu/map.html>. Accessed: April 12, 2020.
- 12.The New York Times. Coronavirus in the U.S.: Latest map and case count – The New York Times. Available at:
<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html?referringSource=articleShare>. Accessed: April 27, 2020.
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Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. Lancet 2016; 388 (10049): 1089-1102.

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EXHIBIT A.

PERSONAL INFORMATION

Carlos Franco-Paredes, M.D., M.P.H.

CURRENT PROFESSIONAL POSITION AND ACTIVITIES:

- Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus and Infectious Diseases (July 2018 - ongoing).
- Fellowship Program Director, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus (March 2019- ongoing).

EDUCATION

1989 -1995	M.D. - La Salle University School of Medicine, Mexico City, Mexico
1996-1999	Internship and Residency in Internal Medicine, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA
1999-2002	Fellowship in Infectious Diseases, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA
1999-2002	Fellow in AIDS International Training and Research Program, NIH Fogarty Institute, Rollins School of Public Health, Emory University, Atlanta, GA
1999 - 2002	Masters Degree in Public Health (M.P.H.) Rollins School of Public Health, Emory University, Atlanta, GA, Global Health Track
2001-2002	Chief Medical Resident, Grady Memorial Hospital, Emory University
	School of Medicine, Atlanta, GA
2006	Diploma Course in Tropical Medicine, Gorgas. University of Alabama, Birmingham and Universidad Cayetano Heredia, Lima Peru

CERTIFICATIONS

1999-Present Diplomat in Internal Medicine American Board of Internal Medicine (Recertification 11/2010-11/2020)

2001-present Diplomat in Infectious Diseases, American Board of Internal Medicine, Infectious Diseases Subspecialty (Recertification 04/2011-04/2021)

2005-present Travel Medicine Certification by the International Society of Travel Medicine

2007-present Tropical Medicine Certification by the American Society of Tropical Medicine – Diploma in Tropical Medicine and Hygiene (DTMH - Gorgas)

EMPLOYMENT HISTORY:

- 2002 - 2004 - Advisor to the Director of the National Center for Child and Adolescent Health and of the National Immunization Council (NIP), Ministry of Health Mexico; my activities included critical review of current national health plans on vaccination, infectious diseases, soil-transmitted helminthic control programs; meningococcal disease outbreaks in the jail system, an outbreak of imported measles in 2003-2004 and bioterrorism and influenza pandemic preparedness. I represented the NIP at meetings of the Global Health Security Action Group preparation of National preparedness and response plans for Mexico
- 2005 – 2011- Co-Director Travel Well Clinic, Emory University Emory Midtown Hospital
- 2004- 8/2009 -Assistant Professor of Medicine
Department of Medicine, Division of Infectious Diseases
Emory University School of Medicine, Atlanta GA
- 3/2008-10/2009 Consultant WHO, HQ, Geneva, Influenza Vaccine
- 9/2009- 3/2011 Associate Professor of Medicine
Department of Medicine, Division of Infectious Diseases
Emory University School of Medicine, Atlanta GA
- 1/2007 – 3/2011 Assistant Professor of Public Health
Hubert Department of Global Health
Rollins School of Public Health, Emory University, Atlanta GA

- 4/2011 –5/2013 - Associate Professor of Public Health in Global Health
Hubert Department of Global Health
Rollins School of Public Health, Emory University, Atlanta GA
- 2010 - WHO HQ Consultant for a 4-month-period on the Deployment of H1N1 influenza vaccine in the African Region, Jan to March 2010, Switzerland Geneva, WHO HQ 2010 sponsored by John Snow Inc. USAID, Washington, D.C.
- 2014-2015 - Consultant International Association of Immunization Managers, Regional Meeting of the Middle Eastern and North African Countries and Sub Saharan Africa, held in Durban South Africa, Sept 2014; and as rapporteur of the Inaugural Conference, 3-4 March 2015, Istanbul, Turkey.
- 3/2011- 5/2017 - Phoebe Physician Group –Infectious Diseases Clinician Phoebe Putney Memorial Hospital, Albany, GA.
- 5/2015 - 9/2015 - Consultant Surveillance of Enteric Fever in Asia (Pakistan, Indonesia, Bangladesh, Nepal, India) March 2015-October 2015.
- June 19, 2017-June 31, 2018–Visiting Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver, Anschutz Medical Campus
- June 2004- present - Adjunct Professor of Pediatrics, Division of Clinical Research, Hospital Infantil de México, Federico Gómez, México City, México. Investigador Nacional Nivel II, Sistema Nacional de Investigadores (12/2019); SNI III Sistema Nacional de Investigadores (1/2020-); Investigador Clínico Nivel E, Sistema Nacional de Hospitales

HONORS AND AWARDS

- 1995 Top Graduating Student, La Salle School of Medicine
- 1997 Award for Academic Excellence in Internal Medicine, EUSM
- 1999 Alpha Omega Alpha (AOA) House staff Officer, EUSM
- 2002 Pillar of Excellence Award. Fulton County Department of Health and Wellness Communicable Disease Prevention Branch, Atlanta GA

2002 Emory University Humanitarian Award for extraordinary service in Leadership Betterment of the Human Condition the Emory University Rollins School of Public Health

2002 Winner of the Essay Contest on the Health of Developing Countries:

Causes and Effects in Relation to Economics or Law, sponsored by the Center for International Development at Harvard University and the World Health Organization Commission on Macroeconomics Health with the essay "*Infectious Diseases, Non-zero Sum Thinking and the Developing World*"

2002 “*James W. Alley*” Award for Outstanding Service to Disadvantaged Populations, Rollins School of Public Health of Emory University May 2002. Received during Commencement Ceremony Graduation to obtain the Degree of Masters in Public Health

2006 Golden Apple Award for Excellence in Teaching, Emory University, SOM

2006 Best Conference Award Conference, “*Juha Kokko*” Best Conference Department of Medicine, EUSM

2007 “*Jack Shulman*” Award Infectious Disease fellowship, Excellence in Teaching Award, Division of Infectious Diseases, EUSM

2007 Emerging Threats in Public Health: Pandemic Influenza CD-ROM, APHA’s Public Health Education and Health Promotion Section, Annual Public Health Materials Contest award

2009 National Center for Preparedness, Detection, and Control of Infectious Diseases. Honor Award Certificate for an exemplary partnership in clinical and epidemiologic monitoring of illness related to international travel. NCPDCID Recognition Awards Ceremony, April 2009. CDC, Atlanta, GA

2012 The ISTM Awards Committee, directed by Prof. Herbert DuPont, selected the article "Rethinking typhoid fever vaccines" in the Journal of Travel Medicine (Best Review Article)

2012 Best Clinical Teacher. Albany Family Medicine Residency Program

2018 Outstanding Educator Award – Infectious Diseases Fellowship, Division of Infectious Diseases, University of Colorado, Anschutz Medical Center, Aurora Colorado

EDITORSHIP AND EDITORIAL BOARDS

2007-Present Deputy/Associate Editor PLoS Neglected Tropical Disease
Public Library of Science

2017-2018 Deputy Editor, Annals of Clinical Microbiology and
Antimicrobials
BMC

2007-2019 Core Faculty International AIDS Society-USA -Travel and Tropical
Medicine/HIV/AIDS

INTERNATIONAL COMMITTEES

2018- Member of the Examination Committee of the International Society of Travel Medicine. Developing Examination Questions and Proctoring the Certificate in Traveler's Health Examination

Proctor Certificate of Traveler's Health Examination (CTH) as part of the International Society of Travel Medicine– 12th Asia-Pacific Travel Health Conference, Thailand 21-24 March 2019

Proctor Certificate of Traveler's Health Examination (CTH), Atlanta, GA, September, 2019

PUBLICATIONS

BOOKS

Franco-Paredes C, Santos-Preciado JI. Neglected Tropical Diseases in Latin America and the Caribbean, Springer-Verlag, 2015. ISBN-13: 978-3709114216
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Franco-Paredes C. Core Concepts in Clinical Infectious Diseases, Academic Press, Elsevier, March 2016. ISBN: 978-0-12-804423-0

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Franco-Paredes C. Illness and Death in the Universe. In: Narrative Medicine Anthology. Ed: Tom Janisse. The Permanente Press, Oakland, California, Portland Oregon, 2016,

pp. 23-25. ISBN: 978-0-9770463-4-8.

Villamil-Gomez W, Reyes-Escalante M, **Franco-Paredes C**. Severe and

complicated malaria due to *Plasmodium vivax*. In: Current Topics in Malaria. Ed: Rodriguez-Morales AJ. ISBN 978-953-51-2790-1, Print ISBN 978-953-51-2789-5. InTechOpen 2016.

Franco-Paredes C. Mycobacterial Infections of the Central Nervous System. In: The Microbiology of the Central Nervous System Infections. Ed. Kon K, Rai M. Elsevier 2018. ISBN 978-0-12-813806-9

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Published Abstracts in Peer-Reviewed Journals:

Kleinschmidt-DeMasters B, Hawkins K, **Franco-Paredes C.** Non-tubercular mycobacterial spinal cord abscesses in an HIV plus male due *M. haemophilum*. *J Neuropathol Experim Neurol* 2018; 77(6): 532.

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FORMAL TEACHING

Medical Student Teaching

2001 - 2002 Clinical Methods, Emory University School of Medicine

I. 2001 - 2002 Clinical Instructor Harvey Cardiology Course, Emory University School of Medicine

2001 - 2002 Problem-Based Learning for Second year Medical Students, EUSM

2005-2011 Clinical Methods Preceptor, ECLH

2006-2008 Medical Spanish - Instructor for M2, EUSM

2006-2007 Directed Study on Social Determinants of Infectious Diseases for M2 students (Lindsay Margolis and Jean Bendik), EUSM

2007-2011 Instructor - Global Health for M2 Students, EUSM

2007-2008 Presentation-Case Discussion – Social Determinants of Diseases – Coordinated by Dr. Bill Eley – Emory School of Medicine New Curriculum.

2018- Small Group: Parasitic Diseases, Microbiology Course for First Year Medical Students, University of Colorado, Anschutz Medical Center.

2019- MS-2 Small group discussion Microbiology, University of Colorado, Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic Arthritis-Cat Bite

2019- Class Global Health and Underserved Populations of the New SOM CU Curriculum. Course Co-Director. Pilot Class (Jan 6-Jan 17, 2020).

2020- MS-2 Small group discussion Microbiology, University of Colorado, Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic Arthritis-Cat Bite

Graduate Program

Training programs

2006-2011 Professor - GH511 (Global Health 511) International Infectious Diseases Prevention and Control, Rollins School of Public Health

2009-2011 Professor – GH500 D – Key Issues in Global Health, Career MPH Program

2006-2011 Thesis Advisor to students Global Health Track – Hubert Department of Global Health, Rollins School of Public Health of Emory University

2008-2011 Coordinator International Exchange between Rollins School of Public Health and National Institute of Public Health, Cuernavaca, Mexico – Supported by the Global Health Institute of Emory University

Residency and Fellowship Program:

2004-2011 Resident Report – Noon Conferences Emory Crawford Long Hospital and Grady Memorial Hospital

2004-2011 Didactic Lectures on Parasitic Diseases and Non-tuberculous mycobacterial diseases for Internal Medicine Residents and Infectious Disease Fellows

2005-2008 Coordinator Journal Club Infectious Disease Division

2005-2011 Travel Medicine Elective, Internal Medicine Residents (2 internal residents per month)

2005 Grand Rounds – EUH - Department of Medicine: “Travel Medicine”

2006 Grand Rounds – ECLH – Department of Medicine: “Malaria”

2008 Grand Rounds - ECLH – Department of Medicine: “Leprosy”

2008-2011 Journal Club Coordinator, Internal Medicine Residency Program – ECLH

2009 Grand Rounds - EUH – Department of Medicine: “Leprosy a Modern Perspective of an Ancient Disease”

2009 Grand Rounds – Pulmonary and Critical Care Division – Neglected Tropical Diseases of the Respiratory Tract, June 16, 2009

2017 Grand Rounds – Leprosy, University of Colorado, Anschutz Medical Center, Division of Infectious Diseases, December 2017

2017 Grand Rounds – Infections associated with Secondary Antiphospholipid Syndrome, University of Colorado, Anschutz Medical Center, Division of Rheumatology,

2018 Didactic Session – Travel Medicine (Pretravel and Postravel)
Infectious Diseases Fellowship Anschutz Medical Center, Division of Infectious Diseases

2017- Infectious Diseases Fellows Clinic, University of Colorado, Anschutz Medical Center, IDPG.

2019 Invited Speaker: Travel Medicine, Pretravel/Postravel Care, Physician Assistant Program, September 12, 2019, University of Colorado, Anschutz Medical Center

Other categories:

2000-2002 Physician Assistant Supervision during Fellowship/Junior Faculty, Emory University

2004-2007 Mentoring of four College Students to enter into Medical School (Emory, Southern University, and Dartmouth):
Lindsay Margolis 2004-Emory University

Michael Woodworth 2005 – Emory University

Peter Manyang 2007 – Southern University

Padraic Chisholm 2007 – Southern University/Emory University

2009-2011 Project Leader. Partnership – Emory Global Health Institute – University-wide - Emory Travel Well Clinic and is titled Hansen’s disease in the state of Georgia: A Modern Reassessment of an Ancient Disease”. <http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php>. Students: 5 MPH students (RN/MPH, MD/MPH)

2017- Infectious Diseases Fellowship Program, University of Colorado, Anschutz Medical Center. Teaching activities Inpatient and outpatient (ID Fellows Weekly Clinic)

2019- Infectious Diseases Fellowship Program Director
University of Colorado, Aurora Colorado